

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 87

FILED SEP 10 1963

1. PLACE OF DEATH a. COUNTY Gentry County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Stanberry, Missouri		c. CITY OR TOWN Stanberry, Missouri	
OR TOWN		Length of stay in lb 10 Months	
c. FULL NAME OF (If NOT in hospital, give location) Harmony Hill Home		d. STREET ADDRESS (If outside, give location) N. Alanthus Av.	
HOSPITAL OR INSTITUTION		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Daisy Middle Mc Henry Last Shafer			4. DATE OF DEATH Month September Day 3 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1873	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Farview, Indiana	
13a. FATHER'S NAME Andrew J. McHenry		13b. MOTHER'S MAIDEN NAME Rachel F. Pierce		14. NAME OF HUSBAND OR WIFE Fred Shafer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT Mrs Arthur Cowan Blue Springs, Mo.	

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro intestinal hemorrhage suspected undetermined		INTERVAL BETWEEN ONSET AND DEATH hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterio sclerotic heart disease.		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-29-63 to 9-3-63 and last saw her alive on 9-3-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Arthur R. Carlin md	(Doctor or title)	22b. ADDRESS Stanberry, Missouri	22c. DATE SIGNED 9-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-6-1963	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Stanberry, Missouri
24. FUNERAL DIRECTOR Johnson Funeral Home Stanberry, Mo.		25. DATE REC'D. BY LOCAL REG. 9-7-63	26. REGISTRAR'S SIGNATURE Mrs. L. W. Baie

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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recd
9-7-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Charles Dean Allen Student Embalmer No. 671
working under my personal supervision.

Student Charles Dean Allen Signed Wes E. Johnson
Signature of Student Embalmer

Licensed Embalmer No. 4948

P. O. Address Stanberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

200-10-10 20-1-8